

Work Order ID 108706

October-29-13 8:51:34 AM

649.8310

108706

Page 1

Item ID: 649.8310

B108706

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Cutter Body

Start Date: 10/29/13 Start Qty: 20.00

20

Cust Item ID:

Required Date: 11/08/13 Req'd Qty: 20.00

20

Customer:

Reference:

Approvals: Process Plan: MLJ Date: 13-10-29

Tooling:

Date:

Run Start *NR1*

QC: Date:

SPC (Y/N):

Date:

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr

Revision Nbr

649.8300

100

0.00

100

BAND SAW

Bandsaw

Memo

0.00

Jeaspa Bandsaw

Cut Blank at 7.425"

13/11/07

20 0

PTO

110

0.00

110

HAAS CNC VERTICAL MACHINING #1

HAAS 1

Memo

0.00

HAAS CNC vertical machine #1

1-Machine per folio FB224

DWG REV: MLC

FOLIO REV: 02

13/11/12

20 2

2- deburr and break all sharp edges

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: duh Date: 14/01/24QA Closed: duh Date: 14/1/18

Work Order: <u>108706</u> Part No. <u>649.8310</u> NCR No. <u>14-339A</u>	DISPOSITION Rework <input type="checkbox"/> Scrap <input checked="" type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width:100%; font-size: small;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input checked="" type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input checked="" type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input checked="" type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>	13/11/12	110	1	^{+0.005} .360 slot on bottom of part is .373 and part is gauged at the end of this slot <u>Re:</u> one of the screw got loose on the 2" woodrough cutter, the insert came out then gauged the part resulting as lifting the part before last pass	DAS 16 9-89 AS2012 13/11/20	> retorqued all the screws weekly B.A > scrap n replace B <u>126615</u> \$29.34	B.A 13/11/12	B.A 13/11/20	DAS 16 9-89 AS2012 13/11/20
Equip/Tooling <input checked="" type="checkbox"/>									
Operator <input checked="" type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input checked="" type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

RC: tool was not rechecked between runs / or between General

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	<input checked="" type="checkbox"/> Other
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------

No Reverification of tooling
Between runs

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: dh Date: 17/01/24

QA Closer

Work Order: <u>108706</u>	DISPOSITION Rework <input type="checkbox"/> Scrap <input checked="" type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT	
Part No. <u>1649.8310</u>		Skid-tube <input type="checkbox"/> Machining <input checked="" type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>
NCR No. <u>14-3400</u>		Pr <u>NCR</u> Rec/Sti <u> </u>	
		Supplier <input type="checkbox"/>	

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input checked="" type="checkbox"/>	13/11/2	110	1	The 3 slots are undersized. Can't put the part back in the vice <u>RC: programming error</u> <u>V/s missing measurements on drawing</u>	DAS 16 9-89 QJ2042 13/11/20	Scrap and replace B <u>126615</u> \$29.34	B.A 13/11/2	<u> </u> 13/11/20	DAS 16 9-89 QJ2042 13/11/20
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

FAULT CATEGORY

Landing Gear	General	
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled
		<input checked="" type="checkbox"/> Other <u>Drawing From Apical missing</u> <u>Dim:</u>

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Item ID: 649.8310

Accept

N900040100

Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Cutter Body

Start Date: 10/29/13 Start Qty: 20.00

20

Cust Item ID:

Required Date: 11/08/13 Req'd Qty: 20.00

20

Customer:

Reference:

Approvals: Process Plan: Date: Tooling: Date:

Run Start ***NR1***

QC: Date: SPC (Y/N): Date:

Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
120	QC2- Inspect parts off machine FAI/FAIB	0.00							
120									
QC	Memo	0.00							
Quality Control									
130	QC8- Inspect parts - second check	0.00							
130									
QC	Memo	0.00							
Quality Control									
131		0.00							
131									
HandFinish	Memo	0.00							
Hand Finishing	Clean & remove markings (acid etch only)								

B.A 13/11/12

OK 13/11/20

DA
27
9-89

Work Order ID 108706

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Page 3

Item ID: 649.8310 Accept ***N900040100*** Setup Start ***NS1***
 Revision ID: Stop ***NS2***
 Item Name: Cutter Body
 Start Date: 10/29/13 Start Qty: 20.00 ***20*** Cust Item ID:
 Required Date: 11/08/13 Req'd Qty: 20.00 ***20*** Customer:
 Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start ***NR1***
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
140	Outsource process-Anodize per QSI017 4.1.10.1	0.00							
140									
Outsource4	Memo	0.00							
Outsource process - Anodize	Issue P/O to ATG : <u>22153</u>								
	1- Black Anodize as per Dwg 646.9700								
	2- PRIME AS PER DWG, SEE NOTE #2								
	Certification of Conformity is required								
150	Receive & Inspect for Damage & Mat'l Certs	0.00							
150									
Packaging	Memo	0.00							
Packaging									
155	QC5- Inspect part completeness to step on W/O	0.00							
155									
QC	Memo	0.00							
Quality Control									

CL 13/11/22 20

20x 13-12-19

DAS
27
9-89
B/b/19

20

DAS
26
9-89

Work Order ID 108706

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Item ID: 649.8310

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Cutter Body

Start Date: 10/29/13 Start Qty: 20.00

20

Cust Item ID:

Required Date: 11/08/13 Req'd Qty: 20.00

20

Customer:

Reference:

Run Start *NR1*

Stop *NR2*

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
180	Identify as per dwg & Stock Location: <u>Composites</u>	0.00							
180									
Packaging	Memo	0.00							
Packaging	***IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV***								
190	QC21- Final Inspection - Work Order Release	0.00							
190									
QC	Memo	0.00							
Quality Control									

[Signature] / *Rm* 13/12/20

13-12-20

Picklist Print

October-29-13 8:51:33 AM

Page 1 / 1

Work Order ID: 108706

Parent Item: 649.8310

Parent Item Name: Cutter Body

Start Date: 10/29/13

Required Date: 11/08/13

Start Qty: 20.00

Required Qty: 20.00

Comments: IPP REV:A NEW ISSUE 13-10-27 JLM VERIFIED BY:DD

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M7075T6B5.000X1.000		Purchased	No				f	95.4878		14			
7075-T6 BAR 5.000" X 1.000"													

<u>Location</u>	<u>Loc Qty</u>	<u>Loc Code</u>
MAT	7.8	
125554	7.8	
MAT008	87.6878316	
M125997	6.0008316	
M126615	21.477	
M126981	60.21	

12.5 ft.

DR
13/11/07.

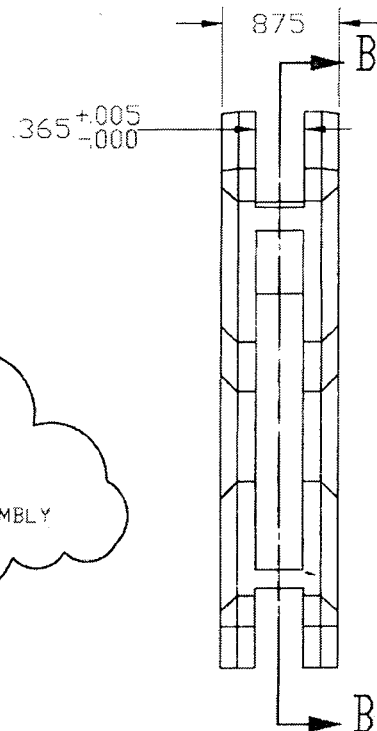
APICAL INDUSTRIES, INC.	ENGINEERING CHANGE NOTIC NO. 03524				SHEET OF 1	
	DWG NO. 649.8300	REV: NC	PREPARED BY S. COCHRAN	DATE: 05/23/12	EFFECT ON DWG <input type="checkbox"/> INC. <input checked="" type="checkbox"/> UNINC.	
	DWG TITLE: CUTTER SUB ASSY					
	APPROVED BY: ENGR <i>[Signature]</i>	MFG <i>[Signature]</i>	QC <i>[Signature]</i>	EFF: CURRENT ORDER		
TRANSACTION CODES (TC) A-ADD C-CREATE R-REVISE D-DELETE	REASON: REMOVED NOTE 6, REVISED CUT OUT DIMENSION					

SHEET 1, ZONE A1 IS:

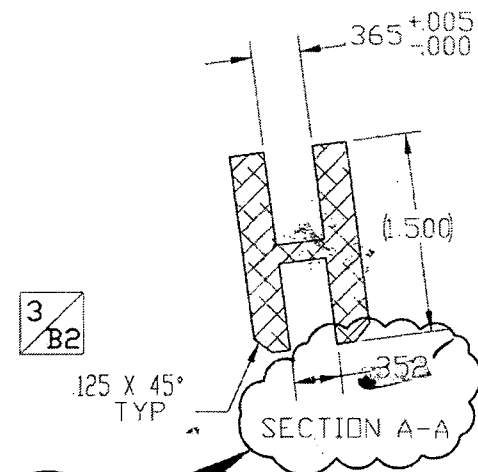
NOTES:

- 1 MATERIAL: ALUMINUM 7075-T6S1 PER AMS-QQ-A-250/12
- 2 FINISH: HARD ANODIZE 1AW MIL-A-8625 TYPE III, CLASS 2, COLOR BLACK;
PRETREAT PRC-DESOTO PR-148 ADHESION PROMOTER;
PRIME 1AW MIL-P-23377J TYPE I CLASS N; 1-2 MIL MAX
- 3 DEBURR AND BREAK ALL SHARP EDGES EXCEPT WHERE OTHERWISE NOTED
- 4 IDENTIFY 1AW MPP-120
- 5 APPLY F/N 6 AS REQUIRED TO ALL FAYING SURFACES OF F/N 5 UPON ASSEMBLY

IS



SHEET 2, ZONE D8 IS:



IS

108706 MLC
13-10-29

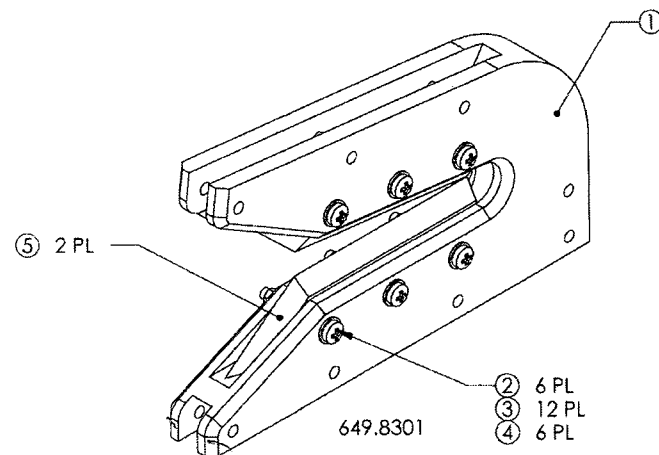
DOCUMENTS EFFECTED:	<input type="checkbox"/> MDL <input type="checkbox"/> INSTALL INSTRUC <input type="checkbox"/> ICA <input type="checkbox"/> BOM	CHANGE CATEGORY <input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> MINOR	DER REVIEW REQUIRED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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108706

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REVISIONS			
REV	DESCRIPTION	DATE	APPROVED
N/C	INITIAL RELEASE	04-18-12	P. BRAVO

- 1 MATERIAL: ALUMINUM 7075-T651 PER AMS-QQ-A-250/12
- 2 FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III, CLASS 2, COLOR BLACK;
PRETREAT PRC-DESOTO PR-148 ADHESION PROMOTER;
PRIME IAW MIL-P-23377 J TYPE I CLASS N; 1-2 MIL MAX
- 3 DEBURR AND BREAK ALL SHARP EDGES EXCEPT WHERE OTHERWISE NOTED
- 4 IDENTIFY IAW MPP-120
- 5 APPLY F/N 6 AS REQUIRED TO ALL FAYING SURFACES OF F/N 5 UPON ASSEMBLY
- 6 CUTTING EDGE INTENDED TO BE SHARP, DO NOT BREAK SHARP EDGE



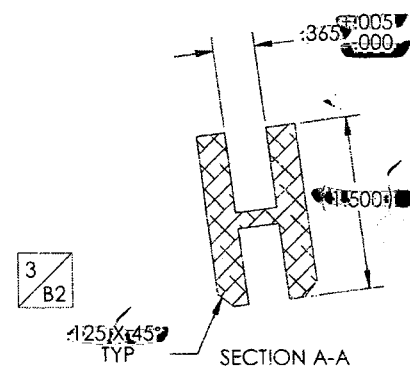
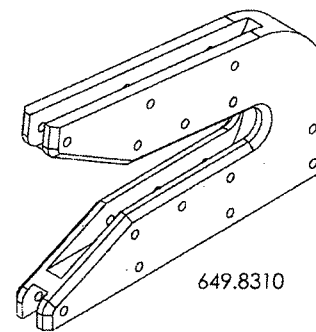
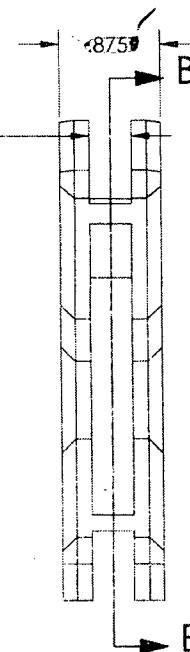
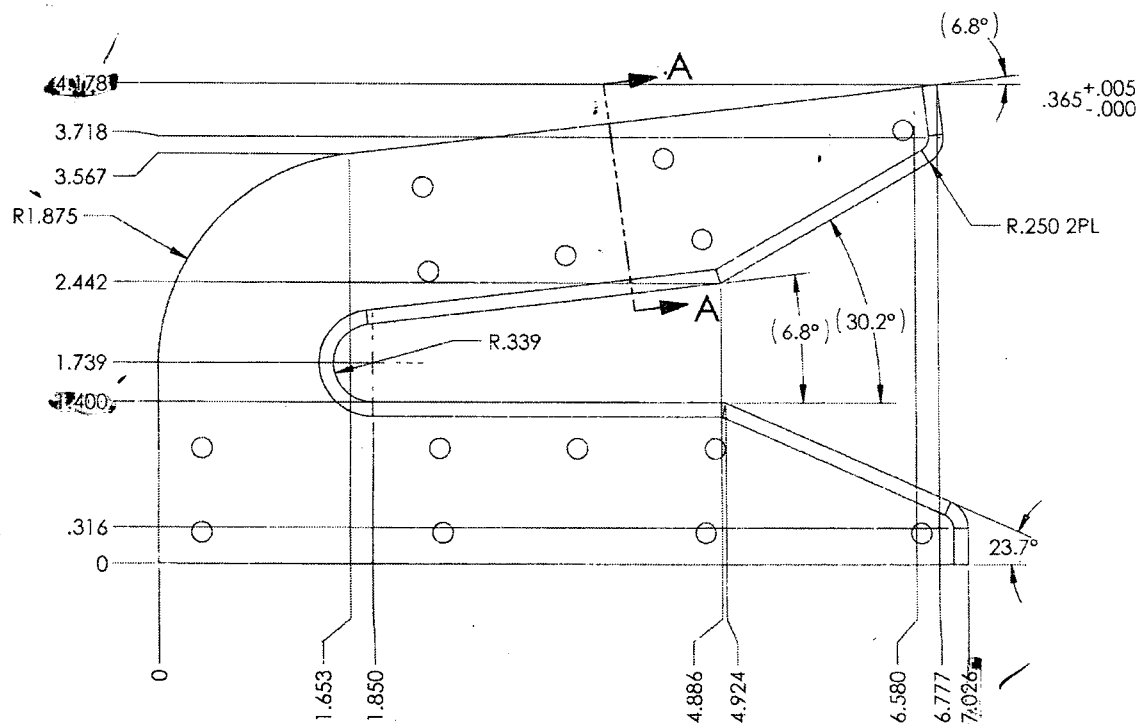
UNINCORPORATED ECN(S)

03524

A/R	QTY	601.2764	RTV	LOCTITE 598	
2	5	646.9711	BLADE		
6	4	601.1541	LOCKNUT	MS21042L08	
12	3	601.2764	WASHER	NAS1149FN832P	
6	2	601.2765	SCREW	MS27039-0819	
1	1	649.8310	CUTTER BODY		
1	1	649.8301	CUTTER ASSY		
1	1	649.8301	CUTTER ASSY		
QTY	FIND #	PART #	DESCRIPTION	MAT'L	SPEC.
PARTS LIST					
NEXT ASSY (S)			APICAL INDUSTRIES		
649.4900			2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300		
			CUTTER SUB ASSY		
			UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: 3 PLACES DECIMALS ±.010 2 PLACES DECIMALS ±.005 ANGLES ±.5°		
			REV. 07/02/06	DMG. NO. 649.8300	REV. NC
			SCALE: NONE		
			SHEET 1 OF 4		

108706

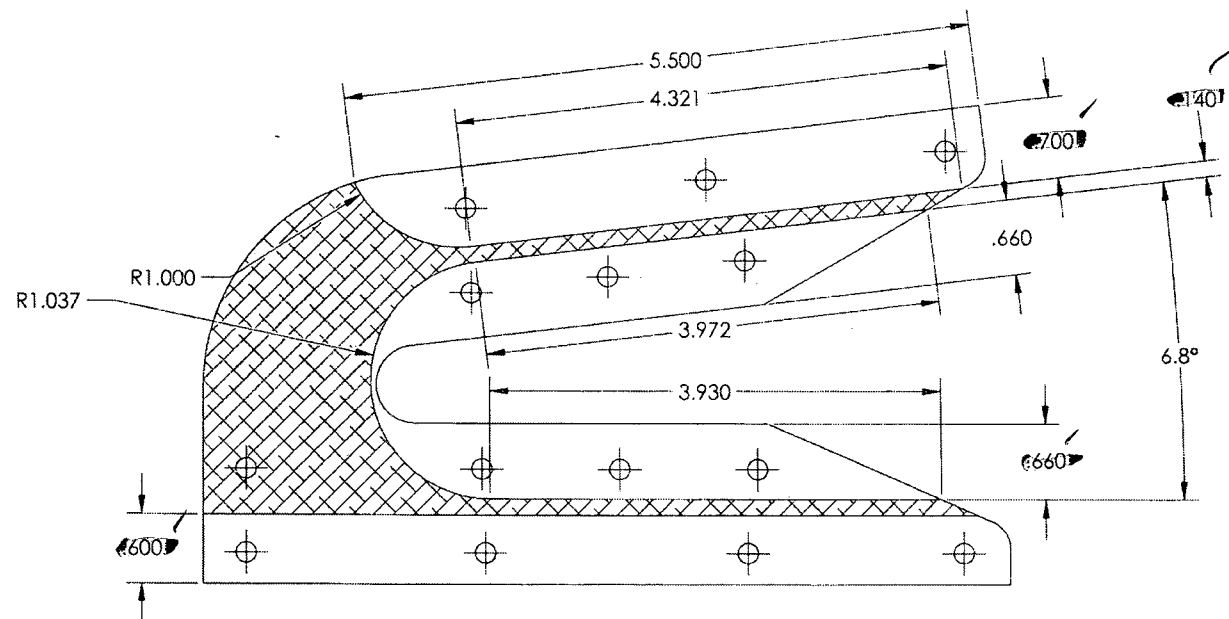
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ORIGINAL DATE: 04-12-12		APICAL INDUSTRIES	
DRAWN BY: J. COCHRAN		2608 TEMPLE HEIGHTS DR.	
CHECKED BY: J. BRAY		OCEANSIDE, CA. 92056-3512 (760)724-5300	
DRAWING APPROVAL: J. BRAY		CUTTER SUB ASSY	
DATE: 04-12-12		CAGE CODE: 649.8300	
CONTRACT NO.		REV: NC	
UNLESS OTHERWISE SPECIFIED, DIMENSIONS ARE IN INCHES		SCALE: NONE	
TOLERANCES ARE:		SHEET: 2 OF 4	
1 PLACE DECIMALS .1			
2 PLACE DECIMALS .01			
3 PLACE DECIMALS .005			
ANGLES: .5°			

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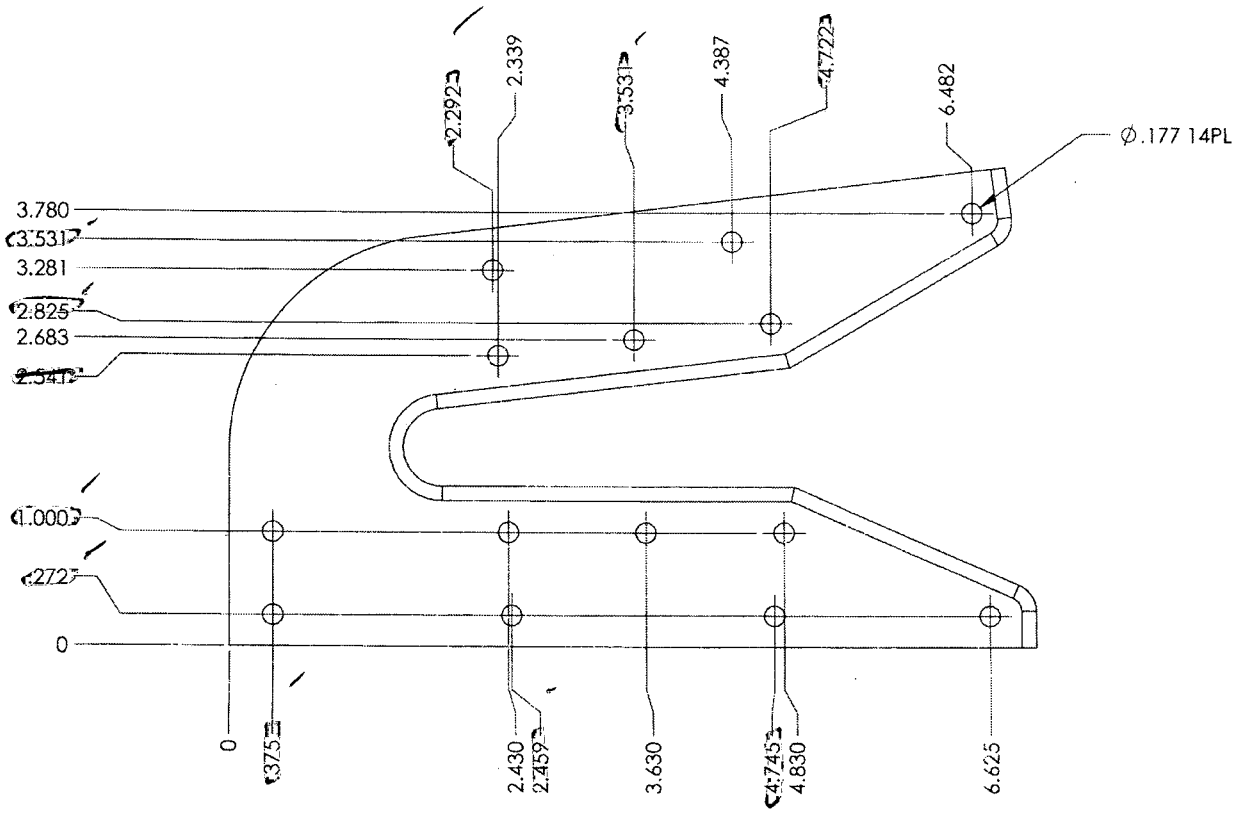
SECTION B-B
SCALE 1:1

2
C6

ORIGINAL DATE: 08-15-77		APICAL INDUSTRIES	
DRAWN BY: J. COCHRAN		2608 TEMPLE HEIGHTS DR.	
CHECKED BY: P. BRAVO		OCEANSIDE, CA. 92056-3512 (760)724-5300	
DRAWING APPROVAL: P. BRAVO		CUTTER SUB ASSY	
DATE: 08-15-77		REV: NC	
CONTRACT NO.		SCALE: NONE	
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES		SHEET 3 OF 4	
TOLERANCES ARE:		SHEET 3 OF 4	
1 PLACE DECIMALS: .125		SHEET 3 OF 4	
2 PLACE DECIMALS: .005		SHEET 3 OF 4	
3 PLACE DECIMALS: .0005		SHEET 3 OF 4	
ANGLES: .5°		SHEET 3 OF 4	

108706

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HOLE LOCATIONS +/- .002

ORIGINAL DATE 10/04/17 04:10:10		APICAL INDUSTRIES	
DRAWN BY S COCHRAN P BRAVO		2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA 92056-3512 (760)724-5300	
DRAWING APPROVAL P BRAVO		CUTTER SUB ASSY	
DATE 04/12/17			
CUTTER SUB ASSY			
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: 3 PLACE DECIMALS ±.01 2 PLACE DECIMALS ±.005 ANGLES ±.5°		REV 8 07/216	NC
SCALE NONE		SHEET 4 OF 4	

DART AEROSPACE LTD	Work Order: 108706
Description: cutter body	Part Number: 649.8310
Inspection Dwg: 649.8300 Rev: NC	Page 1 of 1

FIRST ARTICLE INSPECTION CHECKLIST

Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
.875	+ -.005	.879	✓		Vern	SL-10
125X45°	+ -.005	127X45°	✓			
.365	+ -.005 -0.0	.367				
1.500	+ -.005	1.501	✓			
.352	+ -.005 -.000	.352	✓			
7.026	+ -.005	7.027	✓			
4.178	+ -.005	4.178	✓			
1.400	+ -.005	1.402	✓			
.140	+ -.005	.141	✓			
.700	+ -.005	.700	✓			
.600	+ -.005	.600	✓			
.660	+ -.005	.660	✓		H-G	
Ø.177	+ -.005 -.001	.178	✓		Vern	
.272	+ -.002	.273	✓		-	
1.000	+ -.002	1.001	✓		-	
2.825	+ -.002	2.826	✓		-	
3.531	+ -.002	3.531	✓		-	
.375	+ -.002	.375	✓		-	
2.292	+ -.002	2.293	✓		H-G	
2.459	+ -.002	2.460	✓		Vern	
3.531	+ -.002	3.532	✓		H-G	
4.745	+ -.002	4.745	✓		Vern	
4.722	+ -.002	4.722	✓		H-G	

Measured by: SL	Audited by: CMK	Preliminary Approval:
Date: 13-11-10	Date: 13/11/20	Date:

Rev	Date	Change	Revised by	Approved
E	10.04.14	Added preliminary approval	KJ	

10.04.15



A.T.G. Industries Inc.
731, rue Industrielle Rd.
PLATING DEPARTMENT
Rockland, On K4K 1T2
Canada

Ph: (613) 446-4544

Fax: (613) 446-4556

Pack List

Number: 62794

Date: 18-Dec-13

To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ship To


DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ph: 613-632-5200

Fax: 613-632-1185

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Fax: 613-632-1185

Terms		Ship Via	
Quantity	Description	Rev:	
1 lot	Part: ASST 16 PCS D4410-11 (0.90) 22 PCS 41232-200-002-001 (1.60) 20 PCS D2348 (0.95) BLACK ANODIZE MIL-A-8625 TYPE II CLASS 2 12 PCS 646.3311 (18.10) 6 PCS 646.3012 (19.90) 8 PCS 647.4610 (12.05) 8 PCS 647.9312 (8.55) 27 PCS 647.9317 (18.00) 6 PCS 647.9411 (24.50) <u>40 PCS 649.8310 (14.50)</u> HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2 PRIME MIL-P-23377J TYPE I CLASS N PRICE IS PER PIECE Job: 20130775	PO: 22153 Line:	
Certificate of Conformance			
A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.			
ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY			
DATE: <u>18/12/13</u>			
CERTIFIED SIGNATURE: <u></u>			
RECEIVER SIGNATURE: _____			

8P13-12-19.